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## **BIB DATA SHEET**

## **CONFIRMATION NO. 4735**

| SERIAL NUMBER                                                                                                                     |                                                                                               | FILING O |                     |     | CLASS    | ASS GROUP ART UNIT |                                       | UNIT   | ATTORNEY DOCKET |             |  |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------|---------------------|-----|----------|--------------------|---------------------------------------|--------|-----------------|-------------|--|
| 10/591,023 06/27/                                                                                                                 |                                                                                               |          |                     | 424 | 1655     |                    | 11336.1022USWO                        |        |                 |             |  |
|                                                                                                                                   |                                                                                               | RUL      | E                   |     |          |                    |                                       |        |                 |             |  |
| APPLICANTS Vidya Narayan Acharya, Mumbai, INDIA; Triptikumar Mukhopadhyay, Maharashtra, INDIA; Swati Ajay Piramal, Mumbai, INDIA; |                                                                                               |          |                     |     |          |                    |                                       |        |                 |             |  |
| ** <b>CONTINUING DATA</b> ***********************************                                                                     |                                                                                               |          |                     |     |          |                    |                                       |        |                 |             |  |
| ** FOREIGN APPLICATIONS ************************************                                                                      |                                                                                               |          |                     |     |          |                    |                                       |        |                 |             |  |
| ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/27/2008                                                                      |                                                                                               |          |                     |     |          |                    |                                       |        |                 |             |  |
| Foreign Priority claimed Yes No                                                                                                   |                                                                                               |          | Met after Allowance |     | STATE OR | SHEETS             |                                       | TOTAL  |                 | INDEPENDENT |  |
| 35 USC 119(a-d) conditions met   ✓ Yes □ No Verified and /MICHAEL V                                                               |                                                                                               |          |                     |     | COUNTRY  | DRAWINGS           |                                       | CLAIMS |                 | CLAIMS      |  |
| MELLER/ Acknowledged Examiner's Signature                                                                                         |                                                                                               |          |                     |     | INDIA    | 0                  |                                       | 17     |                 | 4           |  |
| ADDRESS                                                                                                                           |                                                                                               |          |                     |     |          |                    |                                       |        |                 |             |  |
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| TITLE                                                                                                                             |                                                                                               |          |                     |     |          |                    |                                       |        |                 |             |  |
| Herbal Extract for Renal Disorders                                                                                                |                                                                                               |          |                     |     |          |                    |                                       |        |                 |             |  |
|                                                                                                                                   | FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following: |          |                     |     |          |                    | ☐ All Fees                            |        |                 |             |  |
|                                                                                                                                   |                                                                                               |          |                     |     |          |                    | ☐ 1.16 Fees (Filing)                  |        |                 |             |  |
| FILING FEE<br>RECEIVED                                                                                                            |                                                                                               |          |                     |     |          |                    | ☐ 1.17 Fees (Processing Ext. of time) |        |                 |             |  |
| 630                                                                                                                               |                                                                                               |          |                     |     |          |                    | ☐ 1.18 Fees (Issue)                   |        |                 |             |  |
|                                                                                                                                   |                                                                                               |          |                     |     |          |                    | Other                                 |        |                 |             |  |
|                                                                                                                                   |                                                                                               |          |                     |     |          | ☐ Credit           |                                       |        |                 |             |  |
|                                                                                                                                   |                                                                                               |          |                     |     |          |                    |                                       |        |                 |             |  |